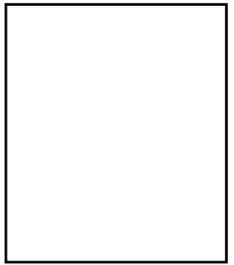




National Council for Vocational Training and Education

(SECTOR SKILL COUNCIL)
(AN AUTONOMOUS BODY RECOGNIZED BY GOVT. OF INDIA)



S.No.: _____

CANDIDATE ADMISSION FORM

Institution VTP Code				
Institution's Name				
Student's Name				
Father's Name				
Mother's Name				
Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Permanent Address with Contact No.				
Name of the Course and Course Code				
Course Duration	<input type="text" value="___"/> Months	<input type="checkbox"/> One Year	<input type="checkbox"/> Two Year I Year	<input type="checkbox"/> Two Year II Year
Examination for which Year	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value=""/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value=""/>		
Candidate's Last Qualification				
Details of the Documents Enclosed (Only Xerox Copies)	1. 2. 3.	4. 5. 6.		

DECLARATION BY THE CANDIDATE

I hereby declare that the entries made above are correct and that they have been made in my own handwriting.

VTP Seal and Signature

Signature Of The Candidate

Date: _____

Place: _____

Note: NCVTE Institute Director or Institute Head are authorized to attest on both student photographs.